

UTAH SCHOOL AND EARLY CHILDHOOD PROGRAM



IMMUNIZATION GUIDEBOOK 2002



Utah Department of Health
**IMMUNIZATION
PROGRAM**
Immunize for healthy lives

For Health Care Providers

UTAH SCHOOL & EARLY CHILDHOOD PROGRAM IMMUNIZATION GUIDEBOOK 2002

INTRODUCTION

The Utah Immunization Program and the Utah State Office of Education are pleased to provide you with the first edition of the *Utah School & Early Childhood Program Immunization Guidebook 2002 (for health care providers)*. This guidebook is designed to help health care providers understand how the Utah Immunization Rule for Students (R396-100) applies to the children they serve. A similar guidebook for school and early childhood program personnel is available to help those who administer the rule in a school setting. It has been designed to be used in conjunction with the Utah Immunization Rule for Students which has been included in this guidebook as Appendix A.

Prior to the implementation of a statewide school entry law for immunizations in 1975, school districts and some local boards of health set immunization requirements jointly or independently for school aged children. Upon its implementation, consistent requirements have protected children attending Utah's schools and early childhood programs from many vaccine-preventable diseases. These diseases in the past caused significant illness and death. The success of the Immunization Rule for Students is a direct result of the tremendous collaboration among school and early childhood program personnel, health care professionals, and parents.

The Utah Immunization Program and the Utah State Office of Education recognize that immunization schedules are very complex and often require a great amount of time and effort to ensure Utah's children are adequately protected from many of these diseases. We appreciate your continued support for the Immunization Rule for Students and your dedication to Utah's children. If you have any questions concerning immunization requirements, please call the **Utah Immunization Program** at **(801) 538-9450**, or contact your local public health department.

Sincerely,

George W. Delavan, MD
Division Director
Community and Family Health Services
Utah Department of Health

Patrick Ogden
Associate Superintendent
Agency Services
Utah State Office of Education



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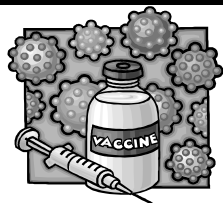
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SECTION 1

INDIVIDUAL VACCINE REQUIREMENTS



The following section outlines each required vaccine and the schedule to be followed, including minimum intervals between each dose of vaccine. If a student has fallen behind schedule, the minimum interval may be used to get the student “up-to-date”. Otherwise, the recommended schedule should be followed as outlined.



DIPHTHERIA, TETANUS, PERTUSSIS

A student must be immunized for Diphtheria, Tetanus, and Pertussis before entering a Utah school or early childhood program. The following three schedules apply to the administration of Diphtheria, Tetanus, and Pertussis:

(1) Schedule 1: A student born **after July 1, 1986** must receive five doses of Diphtheria, Tetanus, and acellular Pertussis (DTaP), or Diphtheria, Tetanus, and whole cell Pertussis (DTP), or pediatric Diphtheria and Tetanus (DT). Administer the first three doses a minimum of one month apart, the fourth dose six months or more after the third dose. The fifth dose (booster dose) is required before the student enters a Utah school. *(If the fourth dose is administered after a student's fourth birthday, the fifth dose is not needed).*

DTaP is currently recommended for all doses of the series.

a) A student who has received 6 or more doses before the 7th birthday does not require more, regardless of spacing. (William L. Atkinson, MD, MPH – CDC National Immunization Program) For students in these situations, proper documentation including the date, initials and an approval statement on student's immunization record is strongly recommended to avoid confusion in the future.

(2) Schedule 2: A student who is seven or older and who has not completed the series must receive three doses of adult Tetanus and Diphtheria (Td). The first two doses must be given a minimum of one month apart, and the third dose six months after receiving the second dose. If the series was started before the student's seventh birthday with DTaP, DTP, or DT, the prior doses may be counted toward the three-dose schedule of Td.

(3) Schedule 3: A student who is seven and has not received any of the Tetanus or Diphtheria vaccines must receive three doses of adult Td. The first dose must be administered before school entry and the second dose at a minimum of one month after receiving the first dose. The third dose must be administered six months after the second dose.

NOTE: For students born **before July 1, 1986**: a four dose schedule of DTP is acceptable based upon the recommendations in place at the time the student entered school.

Diphtheria, Tetanus, Pertussis

Recommended Immunization Schedule

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	2 years	4-6 years
		DTaP #1	DTaP #2	DTaP #3		DTaP #4			DTaP #5

INDIVIDUAL VACCINE REQUIREMENTS



POLIO

A student must be immunized for Polio before entering a Utah school or early childhood program. Students born **after July 1, 1993** are to be immunized according to one of the following three schedules:

(1) **All IPV schedule:** A student must receive four doses of Inactivated Polio Vaccine (IPV). The first three doses must be administered a minimum of one month apart. The fourth dose of IPV must be administered according to the following three conditions:

- (a) ON OR AFTER THE STUDENT'S FOURTH BIRTHDAY; and
- (b) a minimum of one month after receiving the third dose of IPV; and
- (c) before a student enters a Utah school for the first time;

NOTE: If the third dose is administered on or after a student's fourth birthday, the fourth dose is not required.

NOTE: Inactivated Polio (IPV) is currently recommended for all doses of the polio series. OPV is no longer available, however, the following two schedules are included for those reviewing immunization records for compliance purposes.

(2) **Combination IPV/OPV Schedule:** A student must receive sequential administration of two doses of IPV followed by 2 doses of Oral Polio Vaccine (OPV) for a total of four doses. The first three doses, two IPV and one OPV must be administered a minimum of one month apart. The second dose of OPV must be administered according to the following three conditions:

- (a) ON OR AFTER THE STUDENT'S FOURTH BIRTHDAY; and
- (b) a minimum of one month after receiving the first dose of OPV; and
- (c) before a student enters a Utah school for the first time;

NOTE: If a combination of OPV and IPV is administered, four doses are required.

(3) **All OPV Schedule:** A student must receive four doses of OPV. The first three doses must be administered a minimum of one month apart. The fourth dose of OPV must be administered according to the following three conditions:

- (a) ON OR AFTER THE STUDENT'S FOURTH BIRTHDAY; and
- (b) a minimum of one month after receiving the third dose of OPV; and
- (c) before a student enters a Utah school for the first time;

NOTE: If the third dose is administered on or after a student's fourth birthday, the fourth dose of OPV is not required.

Students born **before July 1, 1993**, may have been immunized with 3 OPV or 4 IPV based upon recommendations at the time the student entered school. For students in this situation, proper documentation including the date, initials and approval statement on student's immunization record is strongly recommended to avoid confusion in the future.

Polio

Recommended Immunization Schedule

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	2 years	4-6 years
		IPV #1	IPV #2	IPV #3					IPV #4

INDIVIDUAL VACCINE REQUIREMENTS



MEASLES

1. A student attending school, **kindergarten through twelfth grade** must receive two doses of a measles-containing vaccine. The first dose must be given **on** or **after** the student's first birthday. The second dose must be given prior to entering kindergarten or first grade if the student did not attend kindergarten. The *minimum* interval between doses one and two is one month (4 weeks).
2. A student one-year of age or older attending an early childhood program must have received one dose of measles-containing vaccine before school entry.

NOTE: If the first dose was given *before* the student's first birthday, it does not count as a valid dose and must be repeated.



MUMPS AND RUBELLA

1. A student attending a Utah school or early childhood program must be immunized for mumps by receiving one dose of mumps-containing vaccine **on** or **after** the student's first birthday.
2. A student attending a Utah school or early childhood program must be immunized for Rubella by receiving one dose of rubella-containing vaccine **on** or **after** the student's first birthday.

NOTE: If the first dose was given *before* the student's first birthday, it does not count as a valid dose and must be repeated.

NOTE: The MMR vaccine contains measles, mumps, and rubella. Giving 2 MMR vaccines is appropriate to satisfy the 2 dose measles

Measles, Mumps, and Rubella (MMR) Recommended Immunization Schedule

12 months	15 months	18 months	2 years	4-6 years
MMR #1				MMR #2



HEPATITIS B

1. Effective July 1, 1999 - a student born after **July 1, 1993** must be immunized for Hepatitis B before entering a Utah school. The first two doses must be given a minimum of one month apart. The third dose must be given according to the following three conditions:
 - a. the student is a minimum of six months of age;
 - b. a minimum of two months after receiving the second dose;
 - c. the minimum interval between dose one and dose three is four months.

NOTE: condition (a) must be met before (b) and (c).

Because dosing schedules vary according to vaccine manufacturers, proper documentation of each dose, including the date, initials and approval statement on student's immunization record is recommended to avoid confusion in the future.

Hepatitis B Recommended Immunization Schedule

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	2 years
	Hepatitis B #1							
		Hepatitis B #2						
					Hepatitis B #3			

INDIVIDUAL VACCINE REQUIREMENTS



HAEMOPHILUS INFLUENZAE TYPE B (HIB)

A student attending an early childhood program before the fifth birthday must be immunized for Haemophilus Influenzae Type b (Hib). *Hib is not required nor recommended after a student's fifth birthday and therefore, is not a requirement for entry into kindergarten.*

NOTE: Because dosing schedules vary according to vaccine manufacturers, proper documentation of each dose, including the date, initials and approval statement on student's immunization record is recommended to avoid confusion in the future.

Recommended Schedule – The recommended minimum age to begin Hib series is six weeks of age. The recommended minimum interval between Hib doses is one month. The booster dose of Hib vaccine following the primary series should be administered no earlier than 12 months of age and at least 2 months after the previous dose of Hib vaccine.

Haemophilus Influenzae Type b Recommended Immunization Schedule

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	2 years
		Hib #1	Hib #2	Hib #3	Hib #4 – Booster			

Delayed Schedule – This schedule is for children in whom initial immunization is delayed until 7 months of age or older.

Age at Initial Immunization	Total Number of Doses To Be Administered	Recommended Regimen
7-11 months	3	2 doses, 2 months apart; booster dose at 12-15 mo. of age (2 months after previous dose)
12-14 months	2	2 doses, 2 months apart
15-59 months	1	1 dose
60 months and older	1 or 2	Only for children with chronic illness known to be associated with an increased risk for Hib disease.

Lapsed Schedule – This schedule is for children with a lapse in administration. This takes into account previous vaccination history.

Age at Presentation	Previous Immunization History	Recommended Regimen
7-11 months	1 dose of HbOC or PRP-T (HibTITER) or (ActHIB)	1 or 2 doses at 7-11 mo. (depending on age); booster dose at 12-15 mo. of age (2 months after previous dose)
7-11 months	2 doses of HbOC or PRP-T (HibTITER) or (ActHIB) or 1 dose of PRP-OMP (Pedvax)	1 dose at 7-11 months; booster dose at 12-15 mo. of age (2 months after previous dose)
12-14 months	2 doses before 12 mo. of age	1 dose (2 months after previous dose)
12-14 months	1 dose before 12 mo. of age	2 doses separated by at least 2 months
15-59 months	Any incomplete schedule	1 dose

INDIVIDUAL VACCINE REQUIREMENTS



VARICELLA (Chickenpox)

1. *Effective July 1, 2002*, a student born **after July 1, 1996** must receive one dose of Varicella (chickenpox) vaccine prior to entering a Utah school. This dose must be given **on** or **after** the student's first birthday. If the Varicella vaccine is NOT given on the same day as the MMR, a minimum of 28 days should separate the two vaccines. Otherwise, MMR and Varicella may be administered on the same day, provided the student is at least one year old.

2. If a student has a history of the chickenpox disease, the parent/guardian must sign the official Utah School Immunization Record (USIR) or "pink card" stating the student has had the chickenpox disease and does not need the Varicella vaccine.

NOTE: Parental verification is acceptable for the Varicella vaccine ONLY. All other immunizations require written documentation as proof of immunization.

Varicella (Chickenpox) Recommended Immunization Schedule

12 months	15 months	18 months
Varicella #1		



HEPATITIS A

1. *Effective July 1, 2002*, a student born **after July 1, 1996** must receive two doses of Hepatitis A vaccine prior to entering a Utah school. The first dose must be given **on** or **after** a student's **second** birthday. The second dose must be administered a minimum of six months after the first dose.

Hepatitis A Recommended Immunization Schedule

2 years	4-6 years
Hepatitis A #1 & #2	

Two doses may be given anytime after 2 years of age, provided there has been at least 6 months between doses. The second dose must be completed prior to entering kindergarten.

INDIVIDUAL VACCINE REQUIREMENTS



PNEUMOCOCCAL CONJUGATE (PCV7)

PCV7 (brand name – *Prevnar*) is not required for attendance in any early childhood program or school facility.

Recommended Schedule – The recommended minimum age to begin PCV7 is six weeks of age. The recommended minimum interval between doses for infants ≤ 12 months of age is 4 weeks. Doses given at ≥ 12 months of age should be separated by at least 8 weeks. PCV7 is not routinely given to *previously* vaccinated children over 24 months of age.

Pneumococcal Disease – PCV7 (*Prevnar*)

Recommended Immunization Schedule

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	2 years
		PCV7 #1	PCV 7 #2	PCV7 #3	PCV7 #4 – Booster			

NOTE:

Also consider vaccination of children 24-59 months of age. Priority given to children 24-35 months of age, children of Alaskan Native, American Indian or African American descent, and children who attend group day care (defined as any setting outside the home where a child regularly spends more than 4 hours per week with ≥ 2 unrelated children under adult supervision).

Delayed Schedule – This schedule is for children in whom initial vaccination is delayed.

Age at Initial Immunization	Total Number of Doses To Be Administered	Recommended Regimen
2-6 months	4	3 doses, 2 months apart; booster dose at 12-15 mo. of age (2 months after previous dose)
7-11 months	3	2 doses, 2 months apart; booster dose at 12-15 mo. of age (2 months after previous dose)
12-23 months	2	2 doses, 2 months apart
Healthy children 24-59 months	1	1 dose now
Chronically ill children [§] 24-59 months	2	2 doses, 2 months apart

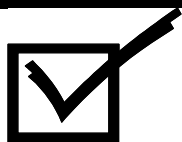
[§] Children with sickle cell disease, asplenia, human immunodeficiency virus (HIV) infection, chronic illness, or other immunocompromising conditions.

Lapsed Schedule – This schedule is for children with a lapse in administration. This takes into account previous vaccination history.

Age at Presentation	Previous Immunization History	Recommended Regimen
7-11 months	1	1 dose at 7-11 mo.; booster dose at 12-15 mo. of age (2 months after previous dose)
7-11 months	2	1 dose at 7-11 mo.; booster dose at 12-15 mo. of age (2 months after previous dose)
12-23 months	2 doses before 12 mo. of age	1 dose (2 months after previous dose)
12-23 months	1 dose before 12 mo. of age	2 doses, 2 months apart
24-59 months	Any incomplete schedule	1 dose

SECTION 2

SUMMARY OF REQUIREMENTS



REQUIRED IMMUNIZATIONS

SCHOOL ENTRY REQUIREMENTS FOR GRADES K-12

A student born BEFORE July 1, 1986	A student born AFTER July 1, 1986	A student born AFTER July 1, 1993	EFFECTIVE JULY 1, 2002 A student born AFTER July 1, 1996
4 DTP/DT 3 Polio 2 Measles 1 Mumps 1 Rubella	* 5 DTP/DTaP/DT 3 OPV or 4 IPV 2 Measles 1 Mumps 1 Rubella	* 5 DTP/DTaP/DT ** 4 Polio 2 Measles 1 Mumps 1 Rubella 3 Hepatitis B	* 5 DTP/DTaP/DT ** 4 Polio 2 Measles 1 Mumps 1 Rubella 3 Hepatitis B 1 Varicella (chickenpox) - history of disease acceptable, parent must sign verification statement 2 Hepatitis A
<p>* DTP/DTaP/DT – 4 doses if 4th dose was given on/after the 4th birthday ** Polio – 3 doses if 3rd dose was given on/after the 4th birthday</p>			

EARLY CHILDHOOD PROGRAM REQUIREMENTS

Children enrolled in Early Childhood Programs must be immunized appropriately for their age for the following immunizations:

Diphtheria
Tetanus
Pertussis
Polio
Measles
Mumps
Rubella
Haemophilus Influenzae type b (Hib) - not recommended after age 5

NOTE: Hepatitis B, Varicella, Hepatitis A, and PCV7 are recommended, but are not required for students in early childhood programs.

SUMMARY OF REQUIREMENTS



MINIMUM AGE AND MINIMUM INTERVAL

This table should be used to determine minimum intervals for “catching” children up who have fallen behind, otherwise the recommended schedule should be used.

VACCINE	Minimum AGE	Minimum INTERVAL	Minimum INTERVAL	Minimum INTERVAL	Minimum INTERVAL
DTaP/DTP/DT	6 weeks	4 weeks	4 weeks	6 months	6 months (if 4th dose was given on/ after the 4th birthday, a 5th dose is not needed)
Polio Inactivated Polio Vaccine (IPV) is recommended for all four doses of the Polio series	6 weeks	4 weeks	4 weeks	4 weeks (if 3rd dose is given on/after the 4th birthday, the 4th dose is not needed. If 4th dose is needed, it should be given at 4-6 years of age)	
MMR	12 months	4 weeks	<i>If the first dose of MMR is given before the 1st birthday, it must be repeated.</i>		
Hepatitis B	birth	4 weeks	8 weeks (3rd dose should not be given earlier than 6 months of age)		
Hib	6 weeks	4 weeks	4 weeks	8 weeks (last dose is not given earlier than 12 months and a minimum of 2 months after previous dose)	<i>NOTE: Schedule may vary according to child's current age and previous number of doses received</i>
Varicella (Chickenpox)	12 months	<i>If Varicella and MMR are not given on the same day, space them at least 28 days apart.</i>			
Hepatitis A	2 years	6 months			
Pneumococcal Conjugate (PCV7)	6 weeks	<i>4 weeks (for children \leq 12 months of age) 8 weeks (for children \geq 12 months of age) </i>			<i>NOTE: Schedule may vary according to child's current age and previous number of doses received</i>

SECTION 3

EXEMPTION POLICY



CLAIMING AN EXEMPTION

A parent may claim an exemption to immunization for medical, religious, or personal reasons, as allowed by Section 53A-11-302 of the Utah Statutory Code. Each exemption claimed must be accompanied by the appropriate Utah Department of Health Exemption Form.

MEDICAL EXEMPTION: If a parent/guardian claims a medical exemption for a student, a Medical Exemption Form must be completed and signed by the student's licensed physician only. (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is for one or for all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. This WHITE copy must be attached to student's Utah School Immunization Record as part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school.

Health care providers may obtain the Medical Exemption Form by contacting the Utah Immunization Program at (801) 538-9450.

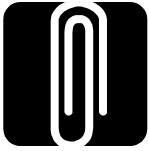
RELIGIOUS EXEMPTION: If a parent/guardian claims a religious exemption for a student, a Religious Exemption Form must be completed and signed by the parent/guardian. The Religious Exemption Form may be obtained from a local health department only. A local health department representative must witness and sign the Religious Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. This WHITE copy must be attached to student's Utah School Immunization Record as part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school.

Local Health Departments may obtain the Religious Exemption Form by contacting the Utah Immunization Program at (801) 538-9450.

PERSONAL EXEMPTION: If a parent/guardian claims a personal exemption for a student, a Personal Exemption Form must be completed and signed by the parent/guardian. The Personal Exemption Form may be obtained from a local health department only. A local health department representative must witness and sign the Personal Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. This WHITE copy must be attached to student's Utah School Immunization Record as part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school.

Local Health Departments may obtain the Personal Exemption Form by contacting the Utah Immunization Program at (801) 538-9450.

SECTION 4 APPENDICES



APPENDIX A -

Utah Immunization Rule for Students (R396-100)

APPENDIX B -

Common Vaccine Names

APPENDIX C -

Frequently Asked Questions:

1. Admission/Entry
2. Exemptions
3. Immunization Record Review
4. Resources

APPENDIX D

General Immunization Information:

1. Utah Vaccines for Children Program (VFC)
2. Vaccine Do's and Don'ts
3. VAERS - Vaccine Adverse Event Reporting System

APPENDIX A – Utah Immunization Rule for Students

R396. Health, Family Health Services, Child Health.

R396-100. Immunization Rule for Students.

R396-100-1. Purpose and Authority.

(1) This rule implements the immunization requirements of Title 53A, Chapter 11, Part 3. It establishes minimum immunization requirements for attendance at a public, private, or parochial kindergarten, elementary, or secondary school through grade 12, nursery school, licensed day care center, child care facility, family home care, or Head Start program in this state. It establishes:

- (a) required doses and frequency of vaccine administration;
- (b) reporting of statistical data; and
- (c) time periods for conditional enrollment.

(2) This rule is required by Section 53A-11-303 and authorized by Section 53A-11-306.

R396-100-2. Definitions.

As used in this rule:

“Department” means the Utah Department of Health.

“Early Childhood Program” means a nursery or preschool, licensed day care center, child care facility, family care home, or Head Start program.

“Exemption” means a relief from the statutory immunization requirements by reason of qualifying under Sections 53A-11-302 and 302.5.

“Parent” means a biological or adoptive parent who has legal custody of a child; a legal guardian, or the student, if of legal age.

“School” means a public, private, or parochial kindergarten, elementary, or secondary school through grade 12.

“School entry” means a student, at any grade, entering a Utah school or an early childhood program for the first time.

“Student” means an individual enrolled or attempting to enroll in a school or early childhood program.

R396-100-3. Required Immunizations.

(1) A student born before July 1, 1994 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, and Rubella.

(2) A student born after July 1, 1994 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, and Hepatitis B.

(3) Commencing July 1, 2002, a student born after July 1, 1996 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Hepatitis B, Hepatitis A, and Varicella.

(4) To attend a Utah early childhood program, a student must meet the minimum immunization requirements of the ACIP for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, and Haemophilus Influenza Type b prior to school entry.

(5) The vaccinations must be administered according to the recommendations of the United States Public Health Service’s Advisory Committee on Immunization Practices (ACIP) as listed below which are incorporated by reference into this rule:

- (a) General Recommendations on Immunization: January 28, 1994/ Vol. 43/No. RR-1;
- (b) Immunization of Adolescents: November 22, 1996/Vol. 45/No. RR-13;

APPENDIX A – Utah Immunization Rule for Students

(c) Diphtheria, Tetanus, and Pertussis: Recommendations for Vaccine Use and Other Preventive Measures: August 8, 1991/Vol. 40/No. RR-10;

(d) Pertussis Vaccination: Use of Acellular Pertussis Vaccines Among Infants and Children: March 28, 1997/Vol. 46/No. RR-7;

(e) Use of Diphtheria Toxoid-Tetanus Toxoid-Acellular Pertussis Vaccine as a Five-Dose Series: Supplemental Recommendations of the Advisory Committee on Immunization Practices: November 17, 2000/Vol. 49/No. RR-13;

(f) Protection Against Viral Hepatitis: February 9, 1990/Vol. 39/No. RR-2;

(g) Hepatitis B: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination: November 22, 1991/Vol. 40/No. RR-13;

(h) Haemophilus b Conjugate Vaccines for Prevention of Haemophilus influenzae Type b Disease Among Infants and Children Two Months of Age and Older: January 11, 1991/Vol. 40/No. RR-1;

(i) Recommendations for Use of Haemophilus b Conjugate Vaccines and a Combined Diphtheria, Tetanus, and Pertussis, and Haemophilus b Vaccine: September 17, 1993/Vol. 42/No. RR-13;

(j) Measles, Mumps, and Rubella-Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps: May 22, 1998/Vol. 47/No. RR-8;

(k) Poliomyelitis Prevention in the United States: May 19, 2000/Vol. 49/No. RR-5;

(l) Prevention of Varicella: July 12, 1996/Vol. 45/No. RR-11;

(m) Prevention of Varicella: Updated Recommendations of the Advisory Committee on Immunization Practices: May 28, 1999/Vol. 48/No. RR-6; and

(n) Prevention of Hepatitis A Through Active or Passive Immunization: October 1, 1999/Vol. 48/No. RR-12.

R396-100-4. Official Utah School Immunization Record (USIR).

(1) Schools and early childhood programs shall use the official Utah School Immunization Record (USIR) form as the record of each student's immunizations. The Department shall provide copies of the USIR to schools, early childhood programs, physicians, and local health departments upon each of their requests.

(2) Each school or early childhood program shall accept any immunization record provided by a licensed physician, registered nurse, or public health official as certification of immunization. It shall transfer this information to the USIR with the following information:

(a) name of the student;

(b) student's date of birth;

(c) vaccine administered; and

(d) the month, day, and year each dose of vaccine was administered.

(3) Each school and early childhood program shall maintain a file of the USIR for each student in all grades and an exemption form for each student claiming an exemption.

(a) The school and early childhood programs shall maintain up-to-date records of the immunization status for all students in all grades such that it can quickly exclude all non-immunized students if an outbreak occurs.

(b) If a student withdraws, transfers, is promoted or otherwise leaves school, the school or early childhood program shall either:

(i) return the USIR and any exemption form to the parent of a student; or

(ii) transfer the USIR and any exemption form with the student's official school record to the new school or early childhood program.

(4) A representative of the Department or the local health department may examine, audit,

APPENDIX A – Utah Immunization Rule for Students

and verify immunization records maintained by any school or early childhood program.

(5) Schools and early childhood programs may meet the record keeping requirements of this section by keeping its official school immunization records in the Utah Statewide Immunization Information System (USIIS).

R396-100-5. Exemptions.

A parent claiming an exemption to immunization for medical, religious or personal reasons, as allowed by Section 53A-11-302, shall provide to the student's school or early childhood program the required completed forms. The school or early childhood program shall attach the forms to the student's USIR.

R396-100-6. Reporting Requirements.

(1) Each school and early childhood program shall report the following to the Department in the form or format prescribed by the Department:

(a) by November 30 of each year, a statistical report of the immunization status of students enrolled in a licensed day care center, Head Start program, and kindergartens;

(b) by November 30 of each year, a written statistical report of the two-dose measles immunization status of all kindergarten through twelfth grade students; and

(c) by January 31 of each year, a written statistical report of the immunization status of all students kindergarten through twelfth grade new to a school after the school's regular registration period ends.

(2) The information that the Department requires in the reports shall be in accordance with the Centers for Disease Control and Prevention guidelines.

R396-100-7. Conditional Enrollment and Exclusion.

A school or early childhood program may conditionally enroll a student who is not appropriately immunized as required in this rule. To be conditionally enrolled, a student must have received at least one dose of each required vaccine and be on schedule for subsequent immunizations. If subsequent immunizations are one calendar month past due, the school or early childhood program must immediately exclude the student from the school or early childhood program.

(1) A school or early childhood program with conditionally enrolled students shall routinely review every 30 days the immunization status of all conditionally enrolled students until each student has completed the subsequent doses and provided written documentation to the school or early childhood program.

(2) Once the student has met the requirements of this rule, the school or early childhood program shall take the student off conditional status.

R396-100-8. Exclusions of Students Who Are Under Exemption and Conditionally Enrolled Status.

(1) A local or state health department representative may exclude a student who has claimed an exemption or who is conditionally enrolled from school attendance if there is good cause to believe that the student has a vaccine preventable disease and:

(a) has been exposed to a vaccine-preventable disease; or

(b) will be exposed to a vaccine-preventable disease as a result of school attendance.

(2) An excluded student may not attend school until the local health officer is satisfied that a student is no longer at risk of contracting or transmitting a vaccine-preventable disease.

APPENDIX A – Utah Immunization Rule for Students

R396-100-9. Penalties.

Enforcement provisions and penalties for the violation or for the enforcement of public health rules, including this Immunization Rule for Students, are prescribed under Section 26-23-6. A violation is punishable as a class B misdemeanor on the first offense, a class A misdemeanor on the second offense or by civil penalty of up to \$5,000 for each violation.

KEY: immunization, rules and procedures

2001 53A-11-303

53A-11-306

APPENDIX B – Common Vaccine Names

The following table is provided as a reference for school and early childhood program personnel as well as health care professionals who evaluate immunization records. To lessen any confusion, PROVIDERS DOCUMENTING CURRENT IMMUNIZATIONS SHOULD USE GENERIC NAMES (e.g., DTaP, MMR, Hepatitis B) instead of brand names.

Common Vaccine Names	
Vaccine/Vaccine Combination, by Generic Name or Trade Name	Vaccine Components
ACEL-IMUNE®	Diphtheria/Tetanus/acellular Pertussis
ActHIB®	Hib [§]
Attenuvax®	Measles
Certiva™	Diphtheria/Tetanus/acellular Pertussis
COMVAX™	Hepatitis B/Hib [§]
DT	Diphtheria/Tetanus
DTaP	Diphtheria/Tetanus/acellular Pertussis
DTP	Diphtheria/Tetanus/whole cell Pertussis
DTwP	Diphtheria/Tetanus/whole cell Pertussis
Engerix-B®	Hepatitis B
Havrix®	Hepatitis A
HibTITER®	Hib [§]
Infanrix™	Diphtheria/Tetanus/acellular Pertussis
IPV	Polio (Inactivated Polio Vaccine)
IPOL®	Polio (Inactivated Polio Vaccine)
Meruvax II®	Rubella
MR	Measles/Rubella
MMR	Measles/Mumps/Rubella
M-M-R II®	Measles/Mumps/Rubella
Mumpsvax®	Mumps
OmniHIB™	Hib [§]
OPV	Polio (Oral Polio Vaccine)
ORIMUNE®	Polio (Oral Polio Vaccine)
PedvaxHIB®	Hib [§]
Prevnar	Pneumococcal Conjugate (PCV7) vaccine
ProHIBIT™	Hib [§] (only for children ≥ 18 months of age)
RECOMBIVAX HB®	Hepatitis B
“Sabin”	Polio (Oral Polio Vaccine)
“Salk”	Polio (Inactivated Polio Vaccine)
Td	Tetanus/ Diphtheria (for ≥ 7 years of age)
TETRAMUNE®	Diphtheria/Tetanus/whole cell Pertussis/Hib [§]
TriHIBIT®	Diphtheria/Tetanus/acellular Pertussis/Hib [§]
Tripedia®	Diphtheria/Tetanus/acellular Pertussis
VAQTA®	Hepatitis A
VARIVAX®	Varicella (chickenpox)

Only those vaccines which are required for entry in a Utah school or early childhood program as referenced by the *Utah Immunization Rule for Students (R396-100)* are included in this table.

Some vaccines are not currently available, but are included to assist in evaluating records which document immunizations given in accordance with schedules and vaccines available at the time of immunization.

[§] Hib – Haemophilus Influenzae type b

APPENDIX C – Frequently Asked Questions



ADMISSION/ENTRY

1. What records are required for school or early childhood program entry? All children enrolled in a school or early childhood program **MUST** have an immunization record which documents all doses and dates for all required vaccines received. Before a child enters a school or early childhood program, parents must present the student's immunization record with the following information:

- (a) the **name** of each required vaccine;
- (b) the **date** (*month/day/year*) of **each dose** received;
- (c) **written verification** of all doses by a physician, clinic, or other authorized medical provider.

2. How can a student be admitted/enrolled to a school or early childhood program conditionally? To be conditionally admitted/enrolled, a student **MUST** have received at least one dose of each required vaccine and be on schedule for the next immunization. If the subsequent immunization is one month past due, the student will be considered not-in-compliance and the process to exclude the student from school or early childhood program must begin.



EXEMPTIONS

1. Are there any allowable exemptions? Yes. The Utah Immunization Rule for Students allows an exemption to be claimed for medical, religious, or personal reasons. Please see section 3 in this guidebook for specific procedures to be followed to claim an exemption.

2. Are the exempted children to be excluded from school in the event of an outbreak? Yes. In the event of an outbreak children who are conditionally enrolled and those who have claimed an exemption are to be encouraged to complete immunizations or are to be excluded from school. These children are at most risk for contracting a vaccine-preventable disease. Refer to Appendix A – Utah Immunization Rule for Students (Section R396-100-8).



IMMUNIZATION RECORD REVIEW

1. A parent is adamant that his/her child has been vaccinated, but can not provide written documentation. Can the child be admitted into school or an early childhood program? No. Children without immunization records can not be admitted. It is the parent/guardian's responsibility to have written documentation of each child's immunization status. If the record can not be located, the child should be vaccinated in an age appropriate manner with one dose of each required vaccine. The facility then has the responsibility to follow up to ensure that written records or additional vaccines are received in a timely manner.

2. A child received vaccinations in another country. Can those records be accepted? They can be accepted IF the same dosing schedule that is used in the United States was used. Often foreign countries use a different schedule than in the U.S. The Utah Immunization Rule is based on the schedule that is used in the U.S.

APPENDIX C – Frequently Asked Questions

IMMUNIZATION RECORD REVIEW – continued

3. A parent has a partial record and/or statement signed by a physician stating “All doses received”, “Complete”, “Up To Date”, “Primary series complete”, or other similar statements. Can this be accepted as proof of immunization? No. Statements regarding immunizations which do not contain complete dates for all doses received are NOT adequate for attendance. The parent should contact their physician and request a new record documenting all vaccinations and dates administered.

4. Why must vaccines be repeated if received before the minimum age or interval? Children who receive vaccines before the minimally recommended age or interval may not develop an adequate antibody response to the immunization. Therefore, even though a child physically received a “shot”, it may have been ineffective in protecting the child against disease. By consistently maintaining the minimum age and interval requirement for all vaccines, children are more likely to develop adequate immunity. Refer to the minimum age and interval chart.

5. The immunization record shows that some vaccines were given at intervals longer than those recommended. Do these vaccines need to be repeated? No. All doses given at intervals *longer* than recommended are valid doses. A longer interval does not affect the effectiveness of a vaccine.

6. How does Utah determine the required immunization schedule? Utah’s Immunization Rule for Students is based upon the “Recommended Childhood Immunization Schedule” published by the Centers for Disease Control and Prevention (CDC). In turn, this schedule is developed from the recommendations of the national Advisory Committee on Immunization Practices (ACIP). The ACIP includes representatives from both the public health and the private medical sector, including the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). To establish Utah’s schedule, the Utah Immunization Program and representatives from the public and private health sector in Utah evaluate the ACIP recommendations and determines their appropriateness/feasibility for Utah’s unique situations.

7. What criteria are used to determine if a student is in compliance with Utah’s immunization requirements? In order to determine if a child meets the requirements of the Utah Immunization Rule for Students, the following must be considered:

- (a) the student’s age;
- (b) whether the student is in a school or early childhood program (requirements may differ depending on facility student is attending; i.e. Hib is not required for entry into kindergarten).
- (c) whether the student’s immunization history indicates:
 - (i) verification by a medical provider (health care provider signature or health clinic stamp)
 - (ii) month, day, and year each vaccine was administered.
 - (iii) sufficient spacing intervals between doses.

These variables make it difficult to describe all possible situations which a school or early childhood program might encounter in its efforts to maintain compliance with the regulations and limit the spread of vaccine-preventable diseases. If you have specific questions which can not be answered by this guidebook, please call the Utah Immunization Program for consultation.

RESOURCES

1. Is there information available about immunizations? Yes. The Utah Immunization Program website www.immunize-utah.org has information about immunizations in Utah. The website is going through some big changes in order to provide the most current and useful information. Future editions of this guidebook will be available on the website to download. Please visit the website periodically to learn more about the latest on immunization issues.

The Utah Immunization Program may also be reached via phone at (801) 538-9450 or via fax at (801) 539-8440. The address is:

Utah Immunization Program
288 North 1460 West
P.O. Box 142001
Salt Lake City, Utah 84114-2001

Immunization Hotline: 1-800-275-0659

2. Are there other sources of information available on the internet? Yes. There are many sources for great information on the internet. The following is a list of some of them.

American Academy of Pediatrics (AAP) – Policy statements, student, community information, “Red Book” order information .
www.aap.org

Bill & Melinda Gates Children’s Vaccine Program – A non-profit organization which focuses on children in developing countries, but information is also applicable in the United States.
www.childrensvaccine.org

Centers for Disease Control and Prevention (CDC) – Several websites and phone numbers with timely and accurate information for students, parents, the community, and school nurses.

1. *CDC Home Page*

In the News (announcements, hot topics, etc.)
Health information
Publications, software, and products
Data and Statistics
Training and employment
Electronic Morbidity and Mortality Weekly Report (MMWR) - free email subscription
Electronic Emerging Infectious Disease Journal
CDC Prevention Guidelines
Advisory Committee on Immunization Practices (ACIP) - vaccine recommendations
Access to individual state immunization program home pages
www.cdc.gov

2. *International Travel* – online health information and recommended immunizations by geographic areas; the latest news on international disease outbreaks. The most recent “*Health Information for International Travel*” (the Yellow Book).
www.cdc.gov/travel

APPENDIX C – Frequently Asked Questions

RESOURCES – continued

(CDC) - continued

3. National Immunization Program – Upcoming events, announcements, publications, including “*Epidemiology and Prevention of Vaccine-Preventable Diseases*” (the Pink Book), Vaccine Information Statements (VIS), Clinic Assessment Software Application (CASA), Vaccine Safety Information.

www.cdc.gov/nip

Phone: 877-394-8747

4. Hepatitis Branch

www.cdc.gov/hepatitis

5. Spanish Language

www.cdc.gov/spanish

6. Morbidity and Mortality Weekly Report (MMWR) – Free subscription via email.

www.cdc.gov/mmwr

Children’s Hospital of Philadelphia (CHOP) – Vaccine Education Center; great resources for families and professionals.

www.vaccine.chop.edu

Immunization Action Coalition (IAC) – Dependable source on a variety of immunization issues

1. General Resources

www.immunize.org/resources

2. IAC Express – Free email news services

express@immunize.org

3. Vaccine Information Statements (VIS) - English and 22 other languages

www.immunize.org/vis

National Alliance for Hispanic Health – Immunizations for All Ages Programs; a great Hispanic immunization resource for schedules, news briefs, videos.

www.hispanichealth.org

Phone: 202-387-5000

Plain Talk About Childhood Immunizations

www.metrokc.gov/health.immin

The Food and Drug Administration (FDA)

Vaccine Adverse Events Reporting System (VAERS) - site explains this safety system and provides vaccine information

www.fda.gov/cber/vaers/vaers.htm

The National Network for Immunization Information

www.immunizationinfo.org

The Vaccine Page

www.vaccines.org

Toll Free Numbers

CDC Immunization Information Hotline – 1-800-232-2522

FDA Consumer Information Hotline – 1-800-835-4709



Utah Vaccines for Children

Utah Vaccines for Children Program

Program Mission

Increase Utah immunization rates through improved access to vaccines for children.

Background

In October 1993, the Vaccines for Children (VFC) Program was created from the Omnibus Budget Reconciliation Act. Utah has had a VFC Program since that time enrolling both private and public providers. All Public Health Departments and Community Health Centers were enrolled.

Eligibility

Under this program, all children 0 through 18 years of age are eligible for VFC vaccine if they are:

- Enrolled in Medicaid
- American Indian/Alaskan Native
- Have no health insurance
- Underinsured (insurance does not cover immunizations)

It has been estimated that 60% of Utah infants qualify for VFC vaccine.

Vaccines

Vaccines for the following diseases are currently available through the Utah VFC Program:

- | | |
|--------------------------|---------------------------------|
| • Diphtheria | • Measles |
| • Tetanus | • Mumps |
| • Pertussis | • Rubella |
| • Hepatitis B | • Haemophilus influenzae type b |
| • Hepatitis A | • Varicella |
| • Pneumococcal Conjugate | |

Provider Benefits

- Free vaccine
- No cost to participate
- Free immunization assessment
- Personal liaison
- Reduce client out-of-pocket expense
- Ensure timely vaccinations
- Medicaid reimbursement for administration costs
- Free training for staff members
- Keep patients in medical home for comprehensive health care.

For more information contact the Utah VFC Program at (801) 538-9450.

APPENDIX D – General Immunization Information



VACCINE DO'S AND DON'TS

DO

- ✓ **Do keep your refrigerator cold and on** at all times. Store vaccines and diluents at proper temperatures. (Refrigerator: 35-46° F / 2-8° C. Freezer: 5° F / -15° C or colder).
- ✓ **Do maintain a log of temperature checks.** Record twice daily, at the beginning of the day and end of the day.
- ✓ **Do train one person and one backup** to be responsible for vaccine maintenance.
- ✓ **Do post warning notices** “DO NOT UNPLUG” near your refrigerator at both the plug and the circuit breaker. Install a locking plug to prevent the power being disconnected.
- ✓ **Do provide a source of back-up power and/or a security/alarm system** to alert the appropriate personnel in the event of a power outage or mechanical failure.
- ✓ **Do establish an “Emergency Handling Procedure”** (a plan of action should a storage problem occur). Train all office personnel on the procedure and post the procedure on the refrigerator.
- ✓ **Do label vaccines “VFC”** and store them in the refrigerator on a separate shelf from your private stock.
- ✓ **Do store and rotate** vaccines with shorter expiration dates in front of those vaccines with longer expiration dates.
- ✓ **Do conduct monthly inventory counts** to monitor vaccine use, anticipate needs, rotate stock and remove expired vaccines.
- ✓ **Do contact the Utah VFC Program when you have viable vaccines that you don’t anticipate using** within 90 days of the expiration date.
- ✓ **Do contact the VFC Program with any storage/handling questions** or concerns at (801) 538-9450.

DON'T

- ✓ **Don’t assume that vaccines cannot be salvaged** if you have a refrigerator failure or a delivery problem. Immediately record: (1) refrigerator and freezer temperatures, (2) vaccines in question, including lot numbers and expiration dates, and (3) the length of time the temperature was outside of the normal range. With this information documented, contact each manufacturer for instructions and notify the VFC Program with the results.

Aventis-Pasteur, Inc	1-800-822-2463
Bayer	1-800-288-8371
GlaxoSmithKline (SmithKline Beecham)	1-888-825-5249
Merck & Co., Inc.	1-800-672-6372
Wyeth-Lederle	1-800-572-8221
- ✓ **Don’t return viable vaccines** to the VFC Program that can be transferred to another VFC provider. Contact the VFC Program for assistance at (801) 538-9450.
- ✓ **Don’t discard expired or spoiled VFC vaccines.** Return them to the VFC Program along with a Vaccine Return Form. The program will return expired/nonviable vaccines for excise tax credit.
- ✓ **Don’t store food/beverage in the refrigerator or vaccine in the refrigerator door.**
- ✓ **Don’t hesitate to call the VFC program for guidance** with vaccine management at (801) 538-9450.



VAERS

Vaccine Adverse Event Reporting System

The Vaccine Adverse Event Reporting System (VAERS) is a national program, which collects information about adverse events associated with vaccinations. This information is used to monitor the safety of vaccines that are administered in the United States. The National Childhood Vaccine Injury Act (NCVIA) of 1986 mandated reporting of certain adverse events. The Department of Health and Human Services created VAERS in 1990. It is operated jointly by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). These agencies monitor VAERS reports to determine if any vaccine or vaccine lot has a higher than expected rate of events and the types of events reported for each vaccine. They also watch for associations between vaccines and rare events that were not found during clinical trials.

Who should report?

Anyone can report to VAERS. Public health departments, private health care providers, vaccine manufacturers, and vaccine recipients (or their parent/guardian) usually submit reports. Vaccine recipients (or their parent/guardian) are encouraged to seek help from their health care provider when reporting to VAERS.

What should be reported?

VAERS encourages reporting of any clinically significant adverse event that occurs after the administration of any vaccine licensed in the United States, even if is not certain that the vaccine caused the event. Required reports include any event listed in the NCVIA reportable event table and any event listed in the package insert as a contraindication to subsequent doses.

How do I report?

Reports should be made on a VAERS form. All requested information should be recorded. Report forms may be obtained by calling the Immunization program at 538-9450. They can also be downloaded from the Internet.

Completed forms from **public** providers **must** be submitted to the Immunization Program.

Utah Department of Health
Immunization Program
PO Box 142001
SLC, UT 84114-2001
FAX (801) 538-9440

Completed forms from **private** providers should be submitted directly to VAERS.

VAERS
PO Box 1100
Rockville, MD 20849-1100
FAX (877) 721-0366

Why should I report?

Registries of disease or injury work best when reporting is complete. Complete reporting of post-vaccination events supplies public health professionals with the information they need to ensure the safest strategies of vaccine administration. All vaccine providers can contribute to the success of this system by reporting any adverse event that might be related to vaccination in children and adults. This system works because you make it work. More information may be obtained from these sources.

- VAERS website www.vaers.org
- CDC VAERS website www.cdc.gov/nip
- FDA VAERS website www.fda.gov/cber/vaers/vaers.htm
- Utah Department of Health (801) 538-9450

Additional copies of this guidebook may be obtained by contacting:

**Utah Department of Health
Immunization Program
P.O. Box 142001
Salt Lake City, Utah 84114-2001
(801) 538-9450 phone
(801) 538-9440 fax**



Utah Department of Health

**IMMUNIZATION
PROGRAM**

Immunize for healthy lives